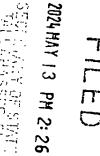


Office Use Only



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COVER LETTER

Division of Co	orporations	
Creative T	Tides Photography LLC	
	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	spondence concerning this matter to the following:	
	Michelle Williams	
	Name of Person	
	Creative Tides Photography LLC	
	Firm/Company	
	243 Boulder Rock Drive	
	Address	_
	Palm Coast Florida 32137	
	City/State and Zip Code	_
	michelleyon2@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	a concerning this matter, please call:	
Michelle Williams	407 353-5266 at ()	
Name	e of Person Area Code Daytime Telephone Number	r
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified	ate of Status &

Mailing Address:

Burn Brown Commencer

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

No Fee Enclosed

D. Bruce

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Tides Photography LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor- Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000023226	were filed on January 10, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		24 H
		AY
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2 2
Municipal Man DE AT VOT (MITTEL TOX)		7 26
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	.2.2
		lorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michelle Williams	243 Boulder Rock Drive	≡ Add
		Palm Coast FL 32137	□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this locument's effective date on the	ust be specific and cannot be p block does not meet the app	prior to date of filing or a plicable statutory filing		ng.) Pursuant to 605.020
record specifies a delayed effect is filed.	ive date, but not an effectiv	/e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
March 16th	, 2024	·		
	01 -			
	41/			
	Signature of a member or a	uthorized seminare	> of a mumb	